

Work Order ID 103644

June-24-13 1:59:58 PM

103644

Page 1

Item ID: 646.3310

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: LH Half

Start Date: 6/24/13

10

Cust Item ID:

Required Date: 7/05/13

10

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-06-25

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
110		0.00							
110	HAAS CNC VERTICAL MACHINING #1								
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	1-Machine per folio FB154 DWG REV: <u>N/C</u> FOLIO REV: <u>A4</u> Blank 13.375								
	2- deburr and break all sharp edges								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120	Memo	0.00							
QC									
Quality Control									

ark 13/08/03

4 φ

ark 13/08/03

4 φ

DQA:

JUL

Date: 13/09/25

QA Closed:

JUL

Date: 13/09/23



WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only

Work Order:	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
	Rework	Scrap	Use-as-is	Skid-tube	Crosstube	Water Jet	Engineering		
Part No.	646.3310	Suspected Unapproved	Machining	Small Fab	Prod. Eng. Coor.	Quality			
NCR No.	13-3059		Thermoforming	Finishing	Rec/Store/Packaging	Other			
			Large Fab	Composite	Supplier				

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling	X								
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									
13/08/03	110	1	1	1 spot came out at .242" is one spot of the larger area of .250" (+-.005") qty: 1 part		Acceptable deviation as per E-mail attached to W/O From Technical to D1600.	13/08/05	DAS 16 9-09	DAS 16 9-09 13/08/07 13/08/09

FAULT CATEGORY

Landing Gear	General									
	Bending	Bend	Folio/Program	Outside Dimensions	Pressure/Forced					
Cracks	Centre Not Concentric	BOM/Route	Grain	Over/Under tolerance	Set-up					
Crimp/Kink/Ripple/Wave	Broken/Damage/Defect	Burrs	Hardware	Part Incorrect	Temperature/Cure					
Cuffs	Contamination	Inspection Incomplete/Unqualified	Part Lost/Missing	Weld	Wrong Stock Pulled					
Crushing	Countersink	Instructions Incomplete/Unclear	Part Moved							
Heat Treat	Cut Too Short	Misaligned/off center	Positioned Wrong							
Inspection Strip in Tube	Drawing	Mislabeled	Power Loss/Surge							
Marks/Chatter	Drill Holes	Misread	Other							
Turning Sequence	Finish	Off-set								
Wave/Twist in Tube	Fit/Function	Out of Calibration								
		Out of Sequence								

Work Order ID 103644

103644

Page 2

June-24-13 1:59:58 PM

Item ID: 646.3310

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: LH Half

Start Date: 6/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

QC

Quality Control

QC8- Inspect parts - second check

0.00

4

13088

131

131

HandFinish

Hand Finishing

Memo

0.00

4

130814

140

140

Outsource4

Outsource process - Anodize

Outsource process-Anodize per QSI017 4.1.10.1

0.00

4

130814

Memo

0.00

Issue P/O to ATG : 20929

1- Black Anodize as per Dwg 646.3300

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Conformity is required

N/A

CL 130814
see attached e-mail

CL 130814 4

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____	DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General					
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced		
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up		
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure		
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld		
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled		
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other		
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge			
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread				
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set				
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration				
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence				

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Page 3

June-24-13 1:59:58 PM

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Setup Start

NS1

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NS2

Item Name: LH Half

Start Date: 6/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 10.00

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Packaging

155

QC5- Inspect part completeness to step on W/O

0.00

DAS
27
9-89

155

QC

Quality Control

180

Identify as per dwg & Stock Location: MF

0.00

B. 830

180

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

4x

SP
13-830

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>
Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>
Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>
Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>
Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>
Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>
Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>	Other <input type="checkbox"/>
Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>	
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	
Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	

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Page 4

June-24-13 1:59:58 PM

Item ID: 646.3310

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N900040100

Setup Start

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Revision ID:

Stop

NS2

Item Name: LH Half

Start Date: 6/24/13

Start Qty: 10.00

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Cust Item ID:

Required Date: 7/05/13

Req'd Qty: 10.00

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

10

QC

Quality Control

Memo

0.00

MJS 13-09-19

MF
13-9-19

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY									
Landing Gear	General								
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
Centre Not Concentric	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>					
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>					
Cuffs	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
Crushing	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Other <input type="checkbox"/>					
Heat Treat	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
Inspection Strip in Tube	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>							
Marks/Chatter	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>							
Turning Sequence	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
Wave/Twist in Tube	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							

Picklist Print

Page 1

June-24-13 1:59:57 PM

Work Order ID: 103644

Start Date: 6/24/13

Required Date: 7/05/13

Parent Item: 646.3310

Start Qty: 10.00

Required Qty: 10.00

Parent Item Name: LH Half

Comments: IPP REV:A NEW ISSUE 12/11/17 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B7.000X2.000		Purchased	No			f		16.8800		11.736842			

7075-T6 BAR 7.000" X 2.000" (order in billets)

Location	Loc Qty	Loc Code
MAT001	16.88	
124030	6.92	
125584	9.96	4.46

DK
13/06/03

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order update only

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03724

SHEET 1 OF 1

DWG NO. 646.3300

REV: N/C PREPARED
BY B. PETERS

DATE: 12/05/12

EFFECT ON DWG
 INC. UNINC.

DWG TITLE: UPPER CUTTER ASSY

APPROVED BY:

ENGR *[Signature]*

MFG

David Baker

QC

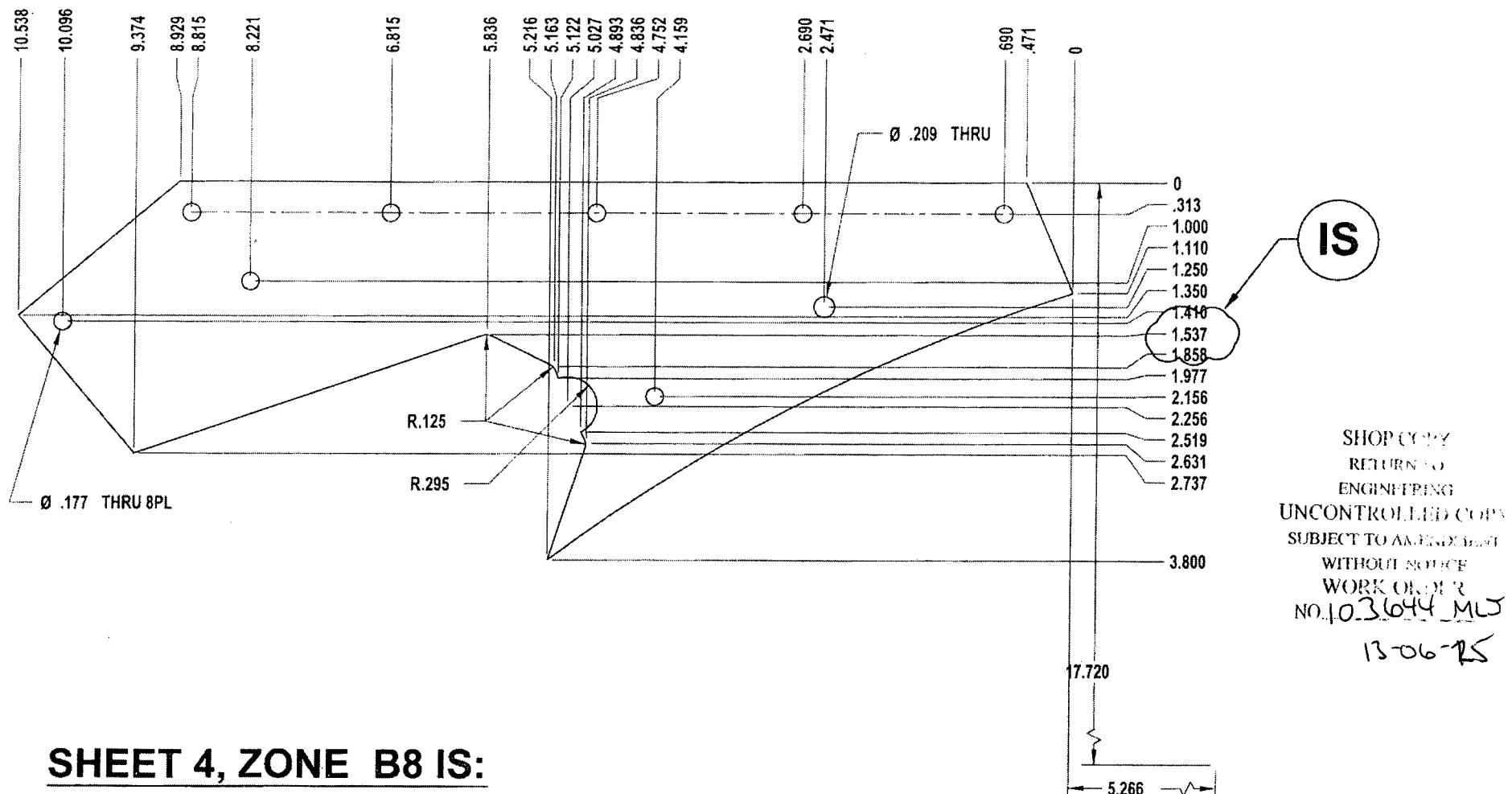
[Signature] EFF: NEXT ORDER

TRANSACTION CODES (TC)
A-ADD C-CREATE
R-REVISE D-DELETE

REASON:

REVISED ORDINATE DIMENSION.

ECR:
D-12-025



SHEET 4, ZONE B8 IS:

DOCUMENTS EFFECTED:

RFMS MDL INSTALL INSTRUC ICA BOM

CHANGE CATEGORY
 MAJOR MINOR

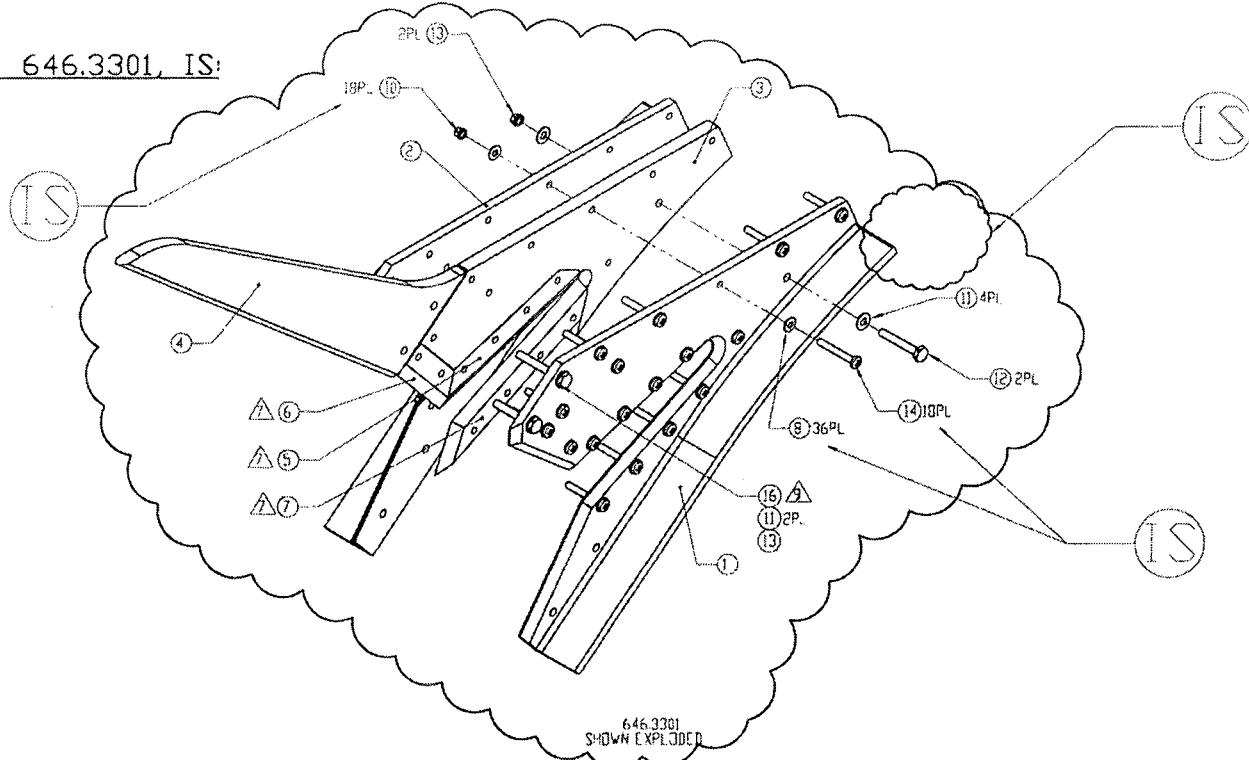
DER REVIEW REQUIRED
 YES NO

103644

APICAL
INDUSTRIES, INC.

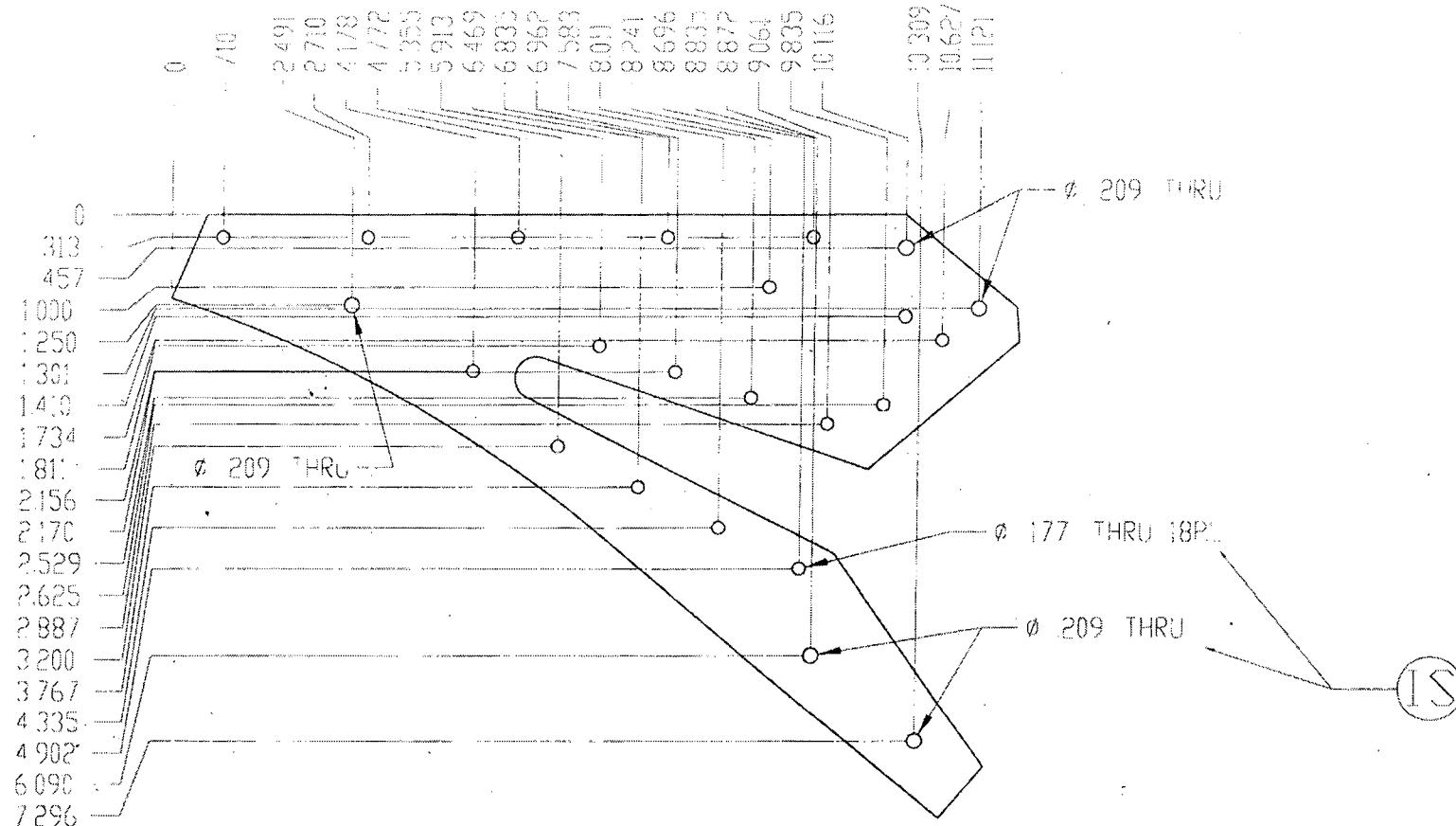
ENGINEERING CHANGE NOTICE NO. 02196 ~			SHEET 1 OF 2	
DWG NO. 646.3300		REV: N/C	PREPARED BY S. HUFF	DATE: 01/05/09
DWG TITLE: UPPER CUTTER ASSY				EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
APPROVED BY: ENGR <i>P. Brown</i>	MFG <i>Dan Kunkel</i>	QC <i>SST</i>	EFF: NEXT ORDER	
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: REMOVED RIVETS IN FAVOR OF ADDITIONAL SCREWS		

SHEET 1, VIEW 646.3301, IS:



14	R	601.2765		18	SCREW	MS27039-0819
10	R	601.1541		18	LOCKNUT	MS21042L08
9	D	601.2766		3	RIVET	MS20470AD5-18
8	R	601.2764		36	WASHER	NAS1149FN832P
			,3301			
F/N	TC	PART NUMBER	QTY	DESCRIPTION		MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input checked="" type="checkbox"/> INSTALL INSTRUC <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM		CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
						DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

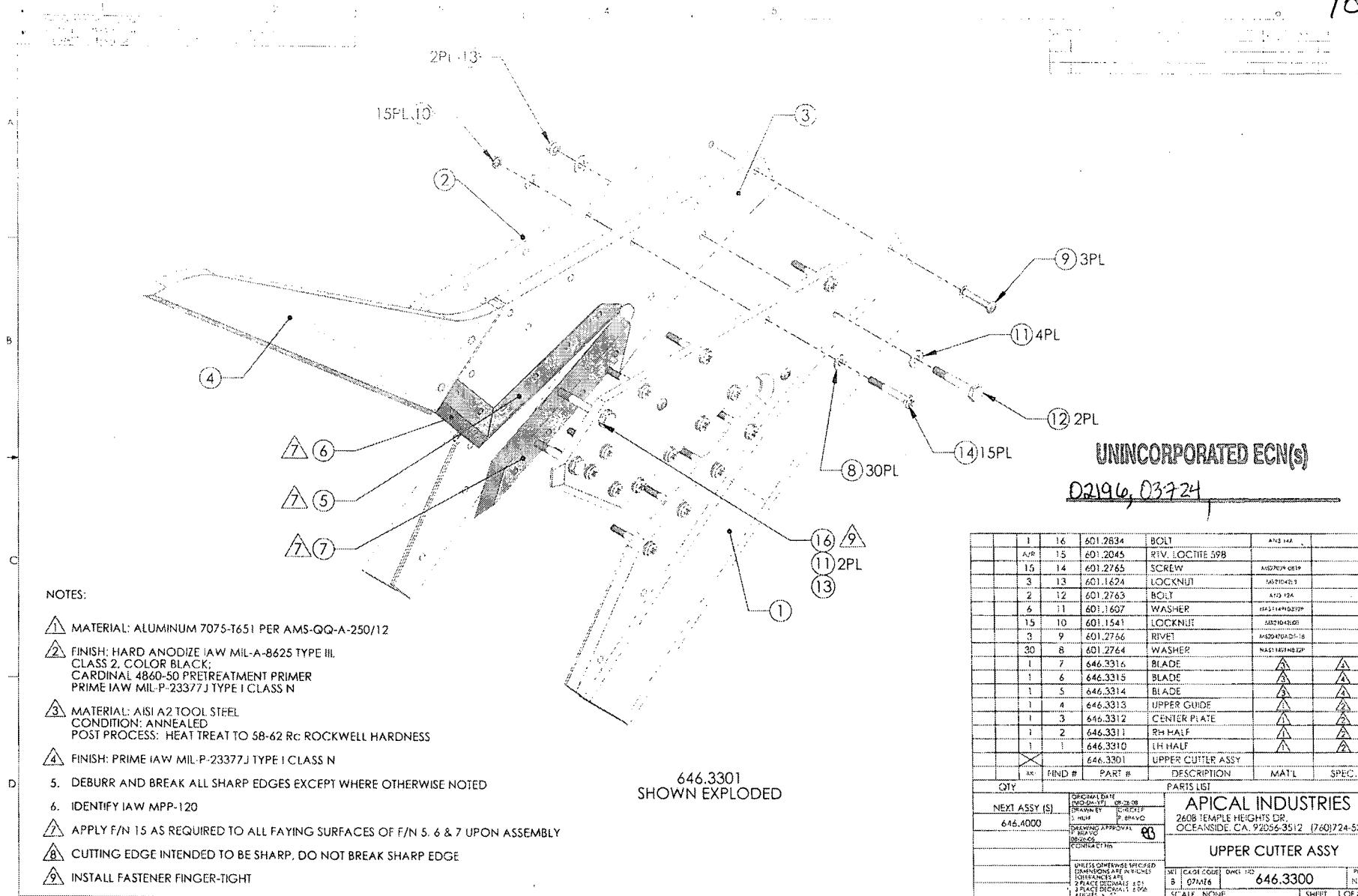
SHEET 3, SECTION VIEW A-A, IS:



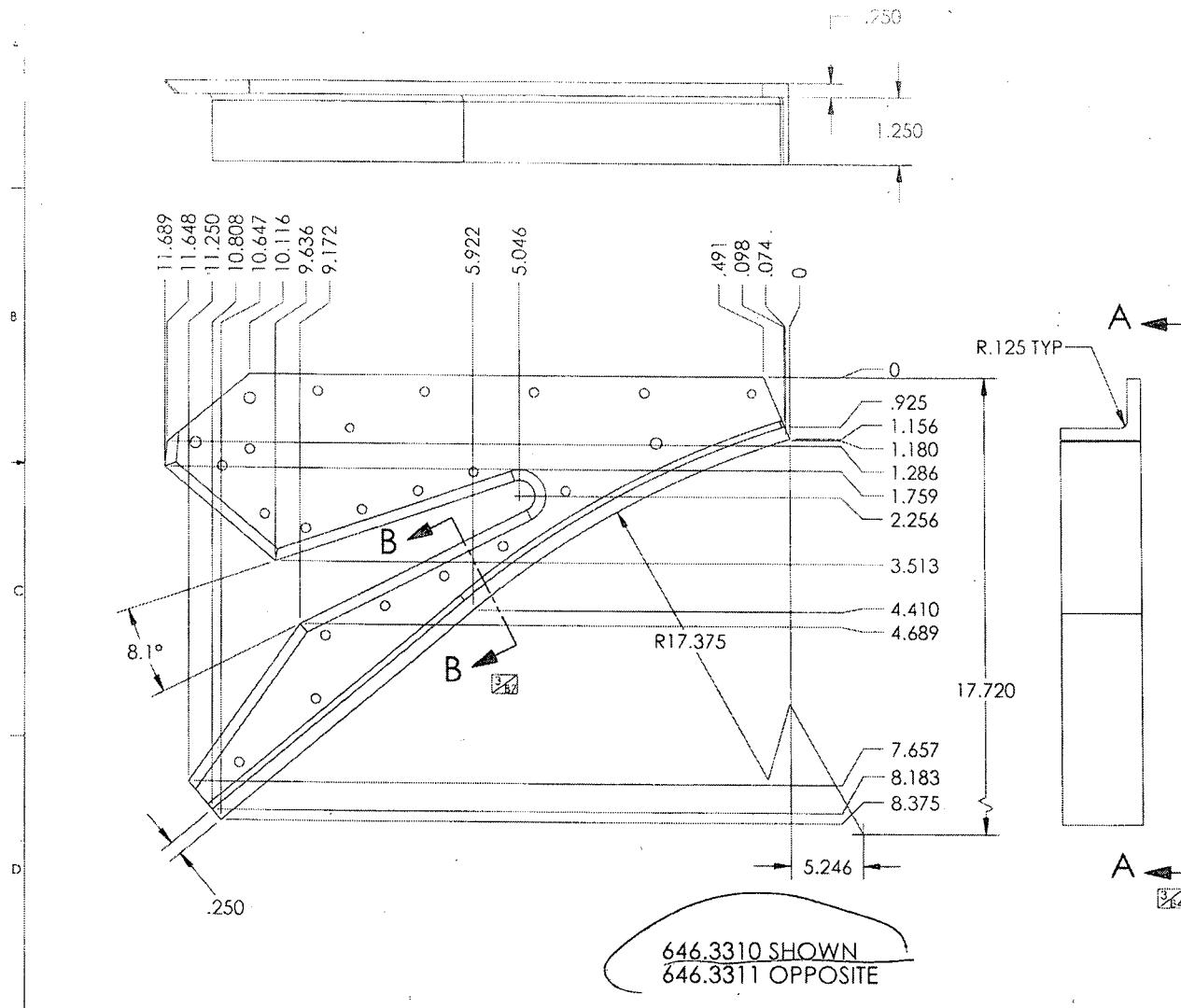
SECTION A-A

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

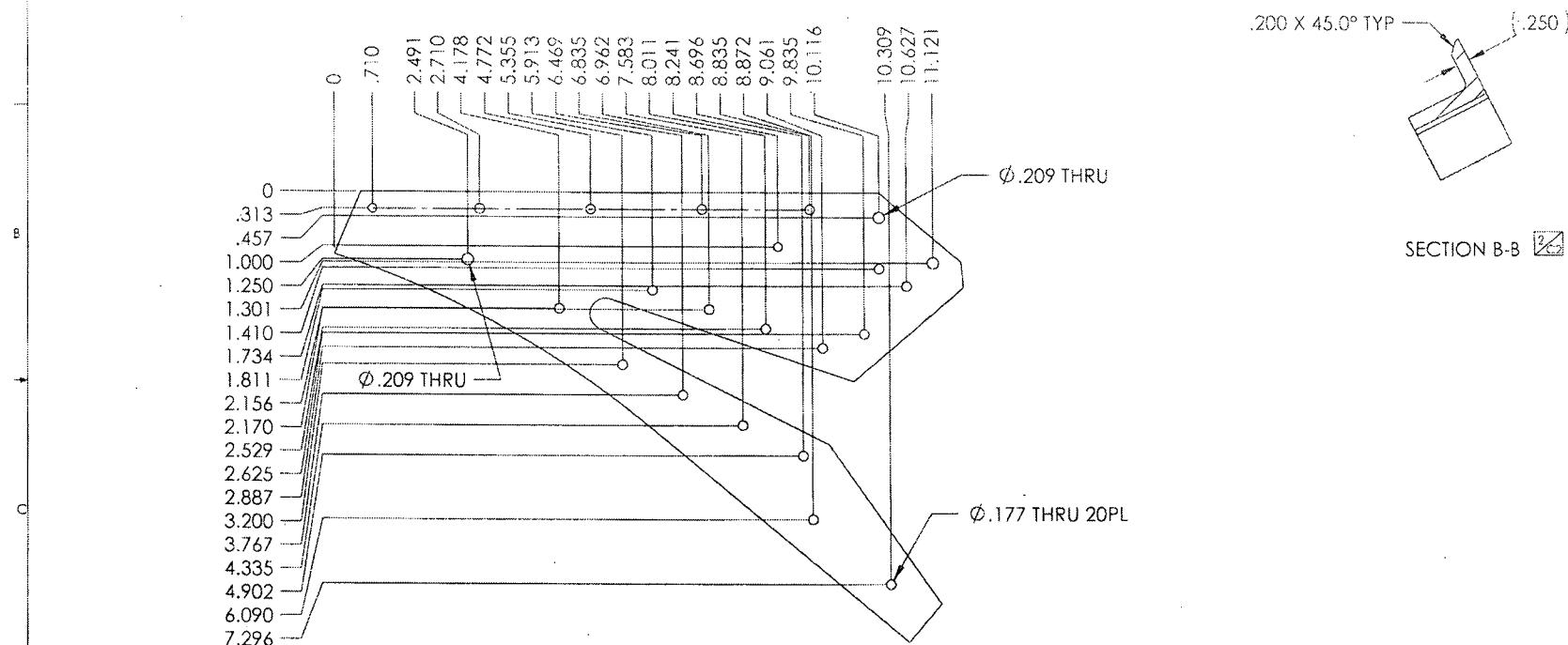
103644



103644



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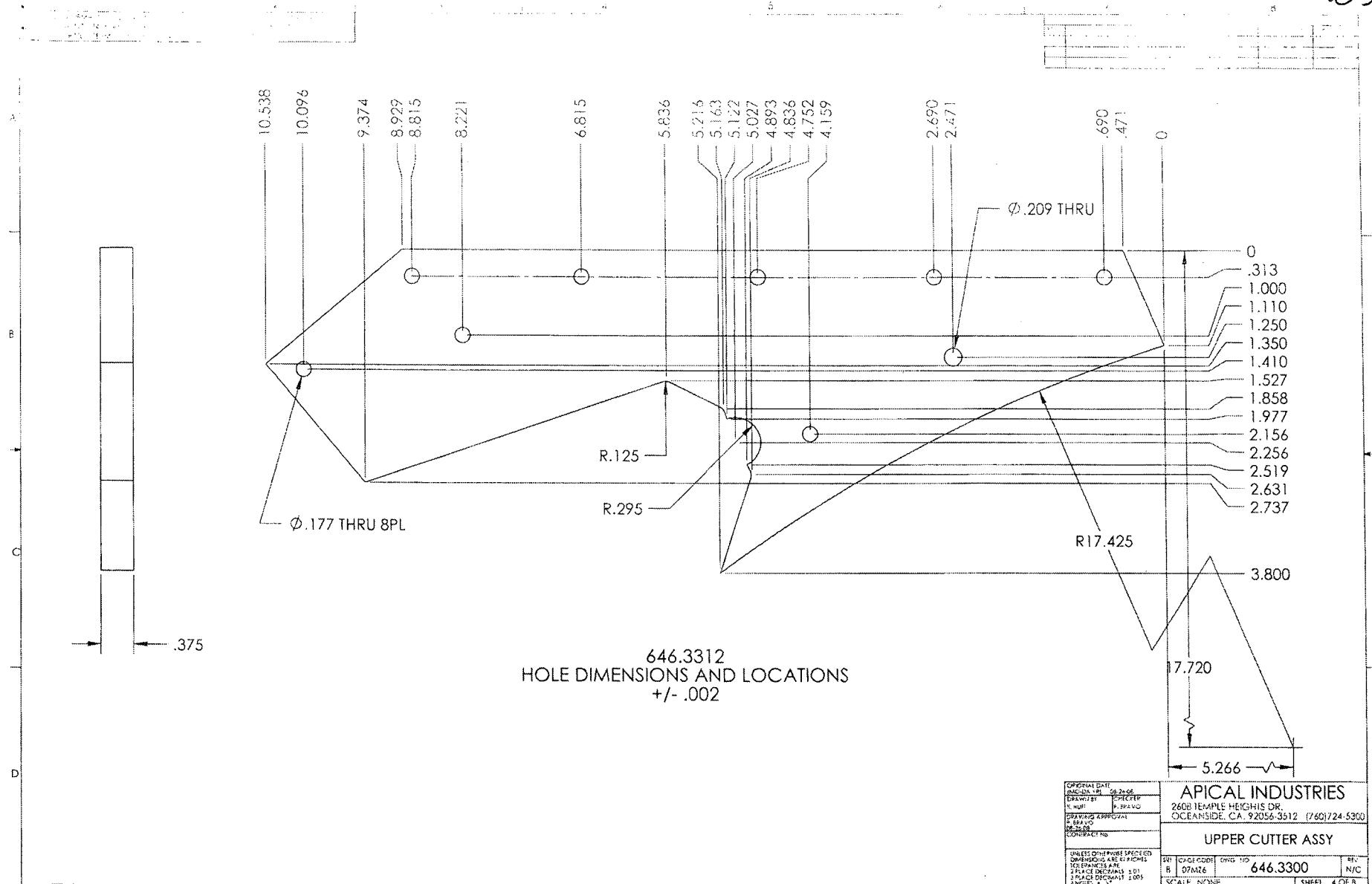
SECTION A-A

GRAFTON DATE 10/20/01		66-2808	
DRAWN BY J. HUM		CHECKED BY J. HUM	
DRAWING APPROVAL			
CONTRACT NO.			
UNIVERSITY OF CALIFORNIA DOWNTOWN AT RIVERSIDE 1000 UNIVERSITY AVENUE RIVERSIDE, CA 92520 3 PLACE DECIMALS 1000			
REV. SAC	CALL NO. B72746	ENG. NO. 646.3300	REV. N/C
SCAFF. NONE		SHELF. 3 C.R.A.	

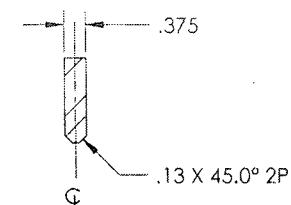
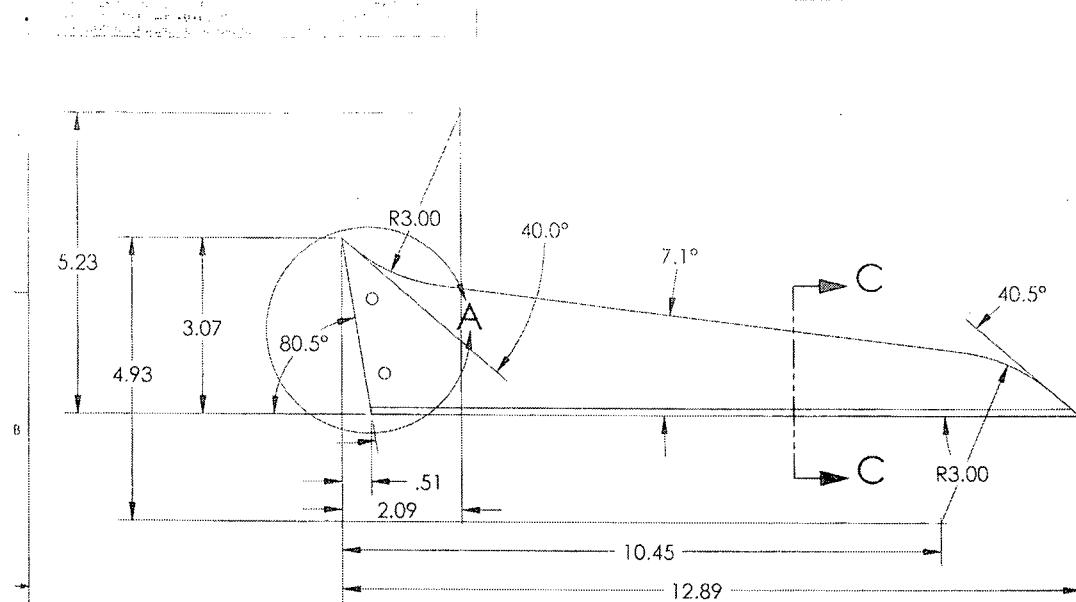
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

UPPER CUTTER ASSY

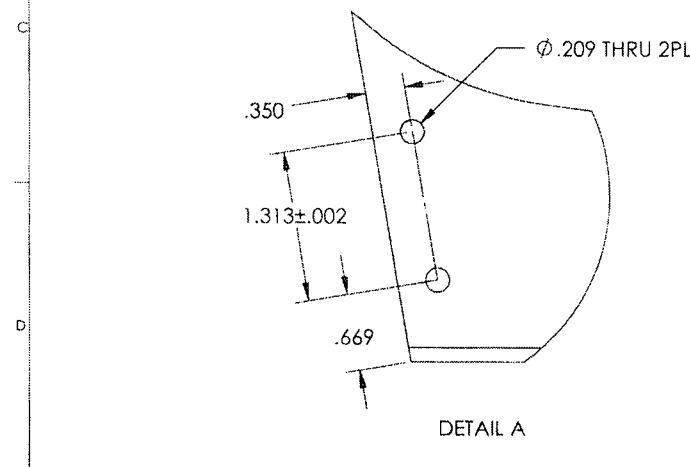
103644



103644

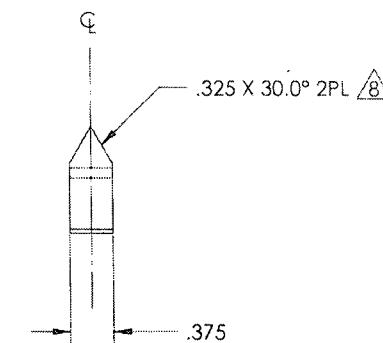
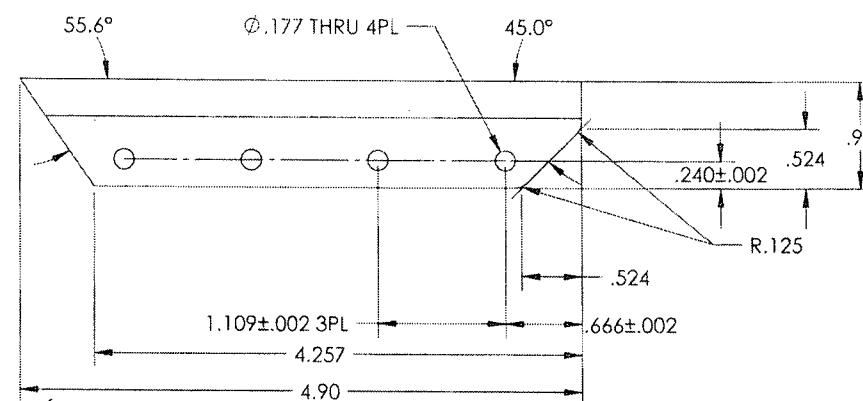
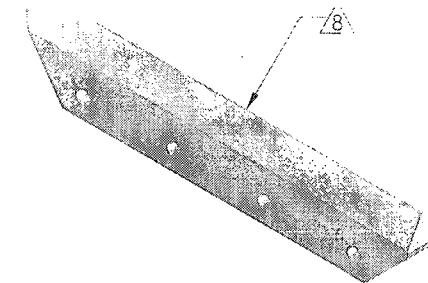


SECTION C-C



646.3313

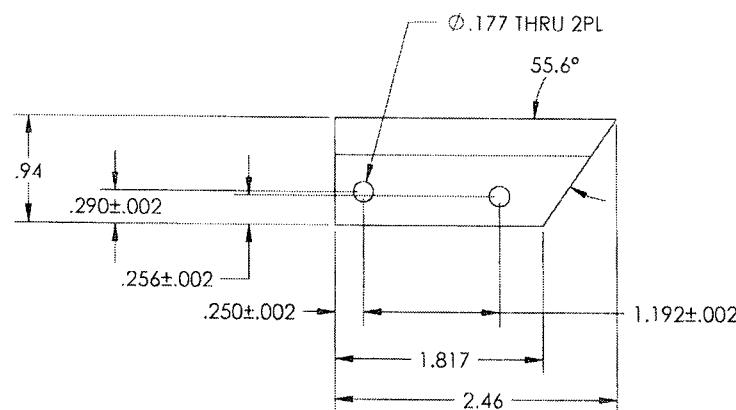
103644



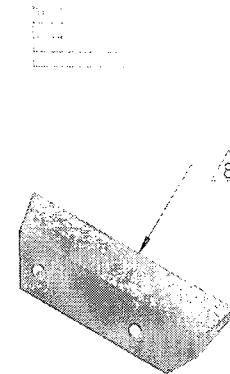
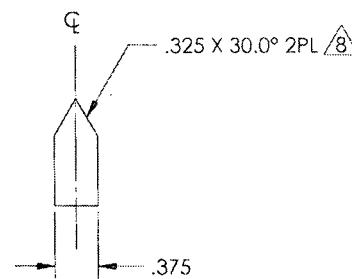
646.3314

DESIGNER/DATE	10/10/01	25.26.00	APICAL INDUSTRIES
REVIEWED BY	25.26.00	RE-ENTERED	
APPROVED BY	25.26.00	PRINTED	
PRINTED BY	25.26.00	10/10/01	
PRINTING NUMBER	25.26.00	2000	
PRINTING DATE	25.26.00	10/10/01	
PRINTING NUMBER	25.26.00	2000	
PRINTING DATE	25.26.00	10/10/01	
CONTRACTING			
UNLESS OTHERWISE SPECIFIED			
ALL MATERIALS ARE			
1 INCH CELULOID			
ANGLES ± 3°			
SCALE NONE			
REV. CACED/2000	646.3300	REV. 14/C	
B: 07/16/01			
Sheet 6 of 8			

103644

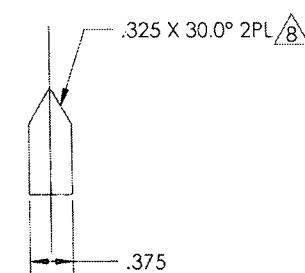
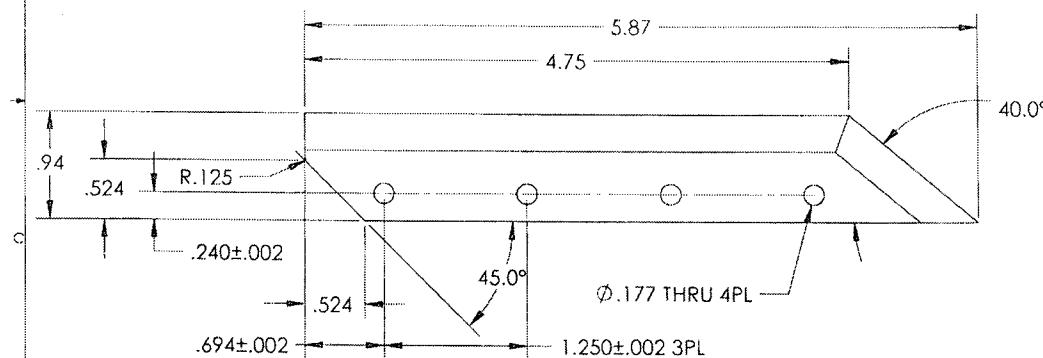
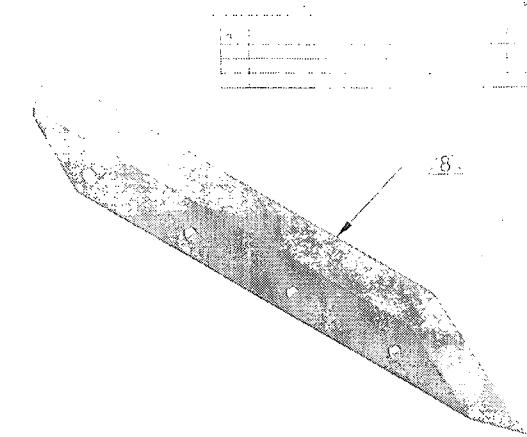


646.3315



DRAWING DATE: 06/24/02		REV: C	APICAL INDUSTRIES	
DESIGNER: J. BROWN		REVIEWER: J. BROWN	2608 TEMPLE HEIGHTS DR.	
SUPERVISOR: J. BROWN		APPROVED: J. BROWN	OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING NO. 646.3300		DATE DRAWN: 06/24/02	UPPER CUTTER ASSY	
DEPT: 646.3300		SCALE: N/C	646.3300	
MATERIAL: 1010		DATE: 07/14/02	SHEET: 7 OF 8	
UNLESS OTHERWISE SPECIFIED, ALL SURFACES ARE FLAT SURFACES AND ALL DIAGONAL EDGES ARE 90° ANGLES ± 5°		646.3300	N/C	

103644



646.3316

ORIGINAL DATE	APICAL INDUSTRIES		
DESIGNER	2608 TEMPLE HEIGHTS DR.		
DRAWER	OCEANSIDE, CA. 92056-3512 (760)724-5303		
GRADE/CLASS APPROVAL			
PRINTED			
DATE			
CONTRACT NO.			
THIS DRAWING IS SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE AS PER 3 PLACE DECIMALS ± .005 ANGLES ± 5°			
REV	CHG	CODE	DRAW. NO.
B	D	N/A	646.3300
SCALE		N/C	SHEET 8 OF 8

DART AEROSPACE LTD	Work Order:	103644
Description: LH HALF	Part Number:	646.3310
Inspection Dwg: 646.3300 Rev: N/C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
7.296	+/- .005	7.298	—		H-G	31006
3.767	+/- .005	3.768	—		"	
0.457	+/- .005	.4575	—		"	
0.313	+/- .005	.313	—		"	
0.710	+/- .005	.708	—		"	
6.469	+/- .005	6.467	—		"	
10.116	+/- .005	10.114	—		"	
10.309	+/- .005	10.307	—		"	
Ø 0.177	.005 / -.001	Ø 0.177	—		Vern	M1-06
Ø 0.209	.005 / -.001	Ø 0.209	—		"	
0.250	+/- .005	.253	—		Vern	M1-06
1.250	+/- .005	1.250	—		"	
R 0.125	+/- .005	R.125	—		R-G	
3.513	+/- .005	3.513	—		Vern	M1-06
8.375	+/- .005	8.371	—		H-G	31006
0.250	+/- .005	.250	—		Vern	M1-06
8.1°	+/- .5°	8.1°	—		Angle	
11.689	+/- .005	11.685	—		H-G	31006
11.250	+/- .005	11.245	—		"	"
0.200 X 45°	+/- .005	.200 X 45°	—		Vern	M1-06

Measured by:	DK	Audited by:	SL	Preliminary Approval:	
Date:	13/08/03	Date:	13-8-8	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

Jean-Luc Menard

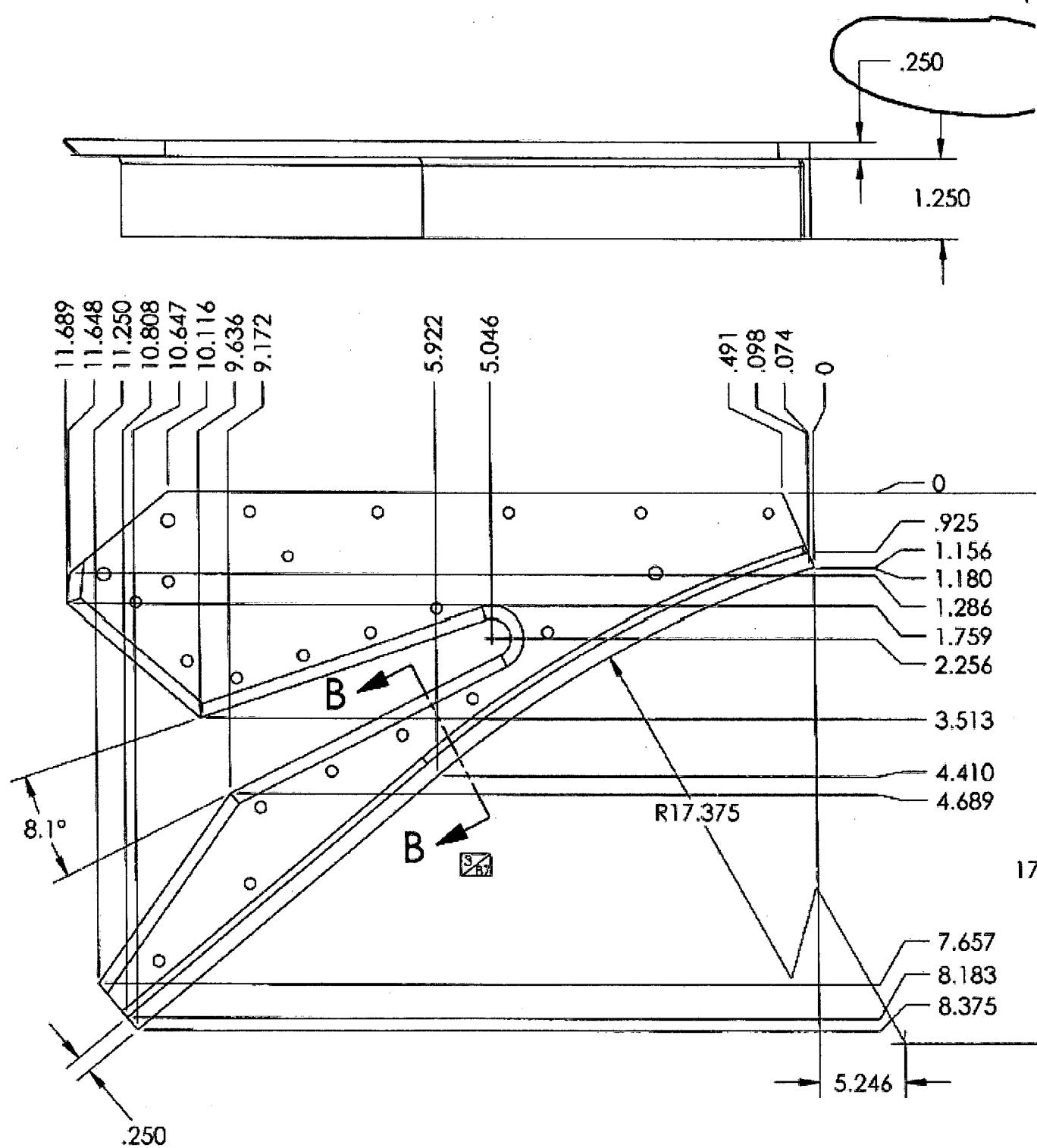
From: Pablo Bravo
Sent: August-07-13 9:54 AM
To: Jean-Luc Menard
Cc: Jean Francois Sauve
Subject: RE: Deviation?

JL,
This should be acceptable.

-Pablo

From: Jean-Luc Menard
Sent: Wednesday, August 07, 2013 4:34 AM
To: Pablo Bravo
Cc: Jean Francois Sauve
Subject: Deviation?

Hi Pablo,
We have a 646.3310 that was machined under tol,dwg calls .250"+/-005.
There is one spot that came in @ .242".
Let me know if this is an acceptable deviation.
THX
JL



Jean-Luc Ménard
Production Engineering Supervisor

Chantal Lavoie

From: Nigel Forbes
Sent: Wednesday, August 14, 2013 8:05 AM
To: Chantal Lavoie
Subject: ATG

Hi,

As discussed, all parts going to ATG do not require cleaning prior to the delivery. ATG will clean and prepare the parts prior processing.

Thanks1

Nigel



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62596

Date: 30-Aug-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 10 PCS 646.3012 4 PCS 646.3310 6 PCS 646.3312 20 PCS 646.3610 11 PCS 646.3812 12 PCS 647.5710 23 PCS 646.9710 5 PCS 647.9711 14 PCS 646.9712 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130542
	Rev: PO: 20929 Line:
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>30/8/13</u></p> <p>CERTIFIED SIGNATURE: <u>lu</u></p> <p>RECEIVER SIGNATURE: _____</p>